Kalyna Family Resource Network Referral Form

Services are provided in **Andrew, Bruderheim, Lamont, Mundare, Vegreville, Innisfree/Mannville/Minburn, Two Hills and surrounding areas.** All programs are confidential and free of charge.

Client Information

Individual is aware of referral and has agreed to be contacted by a service provider.

| Caregiver Name: | | DOB: | | |
|-----------------|--------------|---------------------------|-----|----|
| Address: | | Contact # | | |
| Community: | Postal Code: | Can we text the contact # | Yes | No |
| Child's Name: | | DOB: | | |
| Child's Name: | | DOB: | | |
| Child's Name: | | DOB: | | |
| Child's Name: | | DOB: | | |
| | | | | |

What is the best method of contact for the client?

SPOKE SERVICES

Developmental Screening - Information about child development and developmental milestones, including age-appropriate expectations (E.g. Ages & Stages & ASQ - Social Emotional).

Child Development & Well-Being - Caregiver and infant/child/youth programs to promote social, physical, emotional, cognitive and spiritual well-being. Ages 0-18.

Caregiver Capacity-Building & Parent Education - Programs to promote the development and strengthening of caregivers' parenting skills and knowledge (E.g. *Triple P Positive Parenting Program; Kids Have Stress Too*).

Social Connections & Supports - Events, activities, and programs to promote positive connections among infants, children, youth, parents, families, caregivers and their communities.

Home Visitation (0-6) - Intensive in-home parenting education and family support services provided by the *Caring Families* program - WJS Canada

Home Support (7-18) - Intensive in-home parenting education and family support services provided by the *Family Resilience* program - WJS Canada

Other supports and programs (please identify:)

Other referrals already made (if applicable):

To be completed in full by the referral source.

| Referral completed by: | |
|---|----------------------|
| Agency: | Date: |
| Phone: | Fax: |
| Email: | |
| Do you consent to receiving emails from the | (alvna FDN2 Vas / No |

Do you consent to receiving emails from the Kalyna FRN? Yes / No

Reason for this referral

- Enhance parental resilience
- Develop social and cultural connections
- Build knowledge of parenting and child development
- Opportunities related to child and youth development
- Strengthening relationships within the family
- Access to concrete supports in times of need
- Connection to family, community and Indigenous culture and ceremony
- Other

Additional Information/recommendations that may help determine the best supports for this family:

Please forward the completed referral to Kalyna Family Resource Network:

Email: kalynafrnhub@gmail.com Telephone: (780) 632-2912 P.O. Box 640/ 5106 48th Ave Vegreville, Alberta T9C 1R7